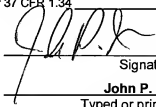


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i>			Docket Number 49931-0081																								
In re Application of	Edward W. MERRILL et al.																										
Application Number	10/696,362	Filed	October 30, 2003																								
For	RADIATION AND MELT TREATED ULTRA HIGH MOLECULAR WEIGHT POLYETHYLENE PROSTHETIC DEVICES																										
Art Unit	1796	Examiner	S. Berman																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter appropriate fee below):</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Large Entity Fee</th> <th style="text-align: center;">Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$ 130</td> <td style="text-align: center;">\$ 65</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$ 490</td> <td style="text-align: center;">\$ 245</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$ 1110</td> <td style="text-align: center;">\$ 555</td> <td>\$ 555.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$ 1730</td> <td style="text-align: center;">\$ 865</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$ 2350</td> <td style="text-align: center;">\$ 1175</td> <td>\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3840</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number: <u>33,715</u></p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>January 26, 2009</u> Date</p> <p><u>(202) 416-6800</u> Telephone Number</p> <p><u>Customer No. 61263</u></p> </div> <div style="width: 45%; text-align: center;">  _____ Signature <u>John P. Isacson</u> Typed or printed name </div> </div>					Large Entity Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 130	\$ 65	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 490	\$ 245	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1110	\$ 555	\$ 555.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1730	\$ 865	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2350	\$ 1175	\$ _____
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<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>																											